



DEREE SPORTS ACADEMY

Discontinuation of Attendance Form

First name:

Last name:

Father's name: Mother's name:

Sport: Group:

Hereby, I declare that I wish to discontinue my participation from

(Month) / (Year)

I do understand that in case I would like to register again, this will be subject to approval and availability.

The parent / guardian

Name:

Last name:

Signature:

The form should be submitted until the 25th of the month, in order not to be charged for the following month/months.

Thank you.